

NEWSLETTER

D I V I S I O N O F C L I N I C A L A N D A B N O R M A L P S Y C H O L O G Y

June 1953

Vol. 6 No. 5

Editors: O. Hobart Mowrer
Ann Magaret

ELECTION OF DIVISIONAL OFFICERS

The following persons have been nominated by the membership for the Divisional offices to be filled in this year's election. Their names will appear on the official ballot which has been sent you by the APA office. The deadline for return of the ballots to the APA office is July 1, 1953. In order to acquaint the membership with these nominees, we are publishing here the biographical information given in the current APA directory:

Nominees for President-Elect

HILDRETH, Dr. Harold M(owbray) 5205 S. 8th Rd, Arlington 4, Va. b Aug. 17, 06, Franklin, Neb. (M) AB 27 Nebraska; PhD 35 Syracuse. Chief psych't, Psychopathic Hosp, 32-35, instr. to prof, 35-46, Syracuse; clin. psych't, 42-46, Navy; br. chief clin. psych't, San Francisco, 46-47, chief, clin. psych. sect, Cen. Off, 48-, VA. APA (member, 49-, Comm. Intra-profes. Relationships). Div. offices: Clin. Abn. (counc. rep, 49-52); Consult (pres, 50-51); Military (chmn, 50-51, Membership Comm). AAAS; AAUP; D.C. Psych. Assn. Clinical theory, clinical approach to social problems, administrative functions in social change. Dipl-Clin. A(36); F(38) 12, 13, 18, 19.

MILLER, Dr. James G(rier) 5729 S. Maryland Ave. Chicago 37, Ill. b July 17, 16, Pittsburgh, Pa. (M) AB 37, AM 38, MD 42, PHD 43 Harvard. Phi Beta Kappa, Sigma Xi. Army, 44-46; jr. fellow, 38-44, Harvard U. Socy. Fellows; intern in med, asst. resid. and resid. in psychiat, 42-44, Mass. Genl. Hosp; chief, clin. psych. sect, 46-47, VA Cen. Office; prof. in psych, chmn. dept. psych, prof. psych. in Div. Psychiat, 48-, U. Chicago; consult, 48-, Human Resources Resch. Lab, Bolling AFB; consult, 48-, Resch. Devel. Bd; consult, 48-, Neuro-psychiat. Consult. Div, Dept. Army; resid. in psychiat, 51-, Ill. Neuropsychiat. Inst. APA (member, 49-, Comm. Intraprofessional Relats; member, 46-, Comm. Relat. Psych. to Psychiat). Div. offices: Clin. Abn (member, 47-48, Comm. Pub. Relats; member, 48-49, Comm. Interprofessional Relats). Amer. Psychiat. Assn; Group Advanc. Psychiat; MPA; Ill. Psych. Assn; Ill. Psychiat. Socy; Ill. Socy. Ment. Hyg. Evaluation of psychotherapy, unconscious processes, personality and behavior theory. Dipl-Clin. A(44); F(48) 8, 12.

HATHAWAY, Starke R(osecrans) 126 Millard Hall, Univ. of Minnesota, Minneapolis 14, Minn. b Aug. 22, 03, Central Lake, Mich. (M) AB 27 Ohio U; MA 28 Ohio State; PhD 32 Minnesota. Sigma Xi, Phi Beta Kappa. Instr, 27-28, asst. prof, 28-30, Ohio U; lect, 30-37, asst. prof, 37-40, assoc. prof, 40-47, clin. psych't, 37-51, prof. 47-, head div. clin. psych, 51-, Minnesota; consult, 47-, VA. Div. offices: Clin. Abn (member, 50-51, Nominating Comm; member, 50-52, Exec. Comm). MPA; Minn. Psych. Assn. Psychotherapy, personality measurement, psychopathology, criminology. Dipl-Clin. A(32); F(39) 12.

ROTTER, Dr. Julian B(ernard) Dept. Psych. Ohio State Univ. Columbus 10, Ohio b Oct. 22, 16, N.Y.C. (M) BA 37 Brooklyn; MA 38 Iowa; PhD 41 Indiana. Sigma Xi. Psych't. 41-42, Norwich St. Hosp; pers. consult, 42-45, psych't, 45-46, Army; asst. prof, 46-47, assoc. prof, 47-49, prof. 49-, dir. psych. clin, 51-, Ohio State; consult, 46-, VA; consult, 51-, Ohio St. Leadership Studies. Div. offices: Clin. Abn (member, 49-50, chmn, 50-, Post-Doctoral Trng. Comm); Personality Soc (member, 49-50, Liaison Comm. Div. Clin. Abn). Consult. ed, 49-, J. appl. Psychol. AAUP; MPA; Ohio Psych. Assn. Personality measurement, personality theory, experimental methodology in clinical psychology, psychotherapy. Dipl-Clin. A(40); F(45) 8, 12.

Nominees for Member-at-Large of the Executive Committee

KLEIN, Dr. George S. Dept. Social Relations. Harvard Univ, Cambridge, Mass. Dipl-Clin. A(41) 8, 9; F(51) 12.

MCNEILL, Dr. Harry V(incent) 125 E. 26th St. New York 10, N.Y. b Dec. 2, 06, N.Y.C. (M) BA 27 St. Joseph's (Yonkers); PhB 30, PhL 31, PhD 33, Agregé 34, U. Louvain. Asst. prof, 34-42, Fordham; clin. psych't, 42-46, Army Air Corps; asst. gen. mgr, 46-47, Obrig Labs, Inc. NYC; br. chief clin. psych't, 47-49, VA, NYC; consult. in clin. psych, 49-, Region I & II, USPHS; priv. prac (clin), 46-. Div. offices; Clin. Abn. (assoc. secy, 50-51). Socy. Proj. Techs; Amer. Cath. Psych. Assn; EPA; N.Y. St. Psych. Assn; N. J. Psych. Assn; Metrop. N. Y. Assn. Appl. Psych'ts; N. Y. Socy. Clin. Psych'ts. Administration of psychological service programs, psychotherapy, psychodiagnosis, evaluation of psychological procedures. Dipl-Clin. A(36); F(49) 12.

Nominees for Division Representatives

RAIMY, Dr. Victor C(harles) Dept. Psych, Univ. of Colorado, Boulder, Colo. b Mar. 17, 13. Buffalo, N.Y. (M) BA 35 Antioch; PhD 43 Ohio State. Lt (jg) 43-46, ONR, Navy; asst. prof, 46, U. Pittsburgh; assoc. prof, 46-48, Ohio State; prof. dir. clin. trng. progr (on leave), 48-, U. Colo; consult, 47-, VA Denver; consult, 49-, Fitzsimons Army Hosp; exec. off, 51-52, Educ. & Trng. Bd, APA. APA (member, 49, Comm. Audio Visual Aids), Div. offices: Clin. Abn (member, 50-, Prog. Comm). Colo. Psych. Assn; Rocky Mountain Psych. Assn. Interviewing, psychotherapy, counseling, personality theory. Dipl-Clin. A(40) 17, 20; F(50) 12.

WATSON, Robert I(rving) Dept. Neuropsychiatry, Washington Univ. School of Medicine, St. Louis 10, Mo. b May 10, 09, East Orange N. J. (M) AB 33 Dana; AM 35, PhD 38, Columbia. Sigma Xi. Instr, 33-38, U. Newark; asst. prof. 38-41, Idaho; instr, 41-42, CCNY; clin. psych't, 42-46, Navy; asst. prof. head, Bur. Msmt. & Guid, 46-47, Carnegie Inst. Tech; asst. dean, assoc. prof, 47-, Washington U. Sch. Med; consult, Surgeon Genl, 48-, USAF; consult, 48-, VA; psych't, 47-, McMillan Hosp; consult, 47-, St. Louis Children's Hosp. APA (member, 51-, Comm. Div. Finances). Div. offices: Clin Abn (chmn, 48-50, Auditing Comm; member, 50-, Post Doctoral Educ. Comm). Amer. Orthopsychiat.

Assn; Amer. Gerontol. Socy; MPA; Mo. Psych. Assn; Assn. Midwestern Coll. Psychiatrists & Clin. Psych'ts. Clinical methods, evaluation of psychotherapy, medical psychology. Dipl-Clin. A(35); F(44) 8, 12, 17, 19, 20.

RODNICK, Dr. Eliot H. Dept. Psych. Duke Univ, Durham, N. C. b. Nov. 27, 11, New Haven, Conn. (M) BA 33, PhD 36 Yale. Phi Beta Kappa, Sigma XI. Resch. Psych't, 36-46, dir. psych. resch, chief psych't, 46-49, Worcester St. Hosp; instr, 39, Mt. Holyoke Coll; acting dir, 46-47, worcester Child Guid. Clin; assoc. prof, 42-49, Clark; prof, dir. clin. trng, 49-, chmn. dept, 51-, Duke; consult, 49-, VA. APA (member, 50-, Comm. Relats. Soc. Work). Div. offices; Clin. Abn (member, 48-49, Post-Doctoral Trng. Comm; member. 49-50, comm. tchng. Clin. Psych; member, 50-, Membership Comm). Amer. Psychosomatic Socy; Amer. Orthopsychiat. Assn; So. Socy. Philos. Psych; N.C. Psych. Assn. Personality theory, psychological and psychophysiological reactions to stress, learning theory and personality, psychosomatic medicine and psychotherapy. Dipl-Clin. A(36); F(38) 12.

ROE, Dr. Anne (Mrs. George Gaylord Simpson) c/o G. G. Simpson, American Museum of Natural History, 79th St. & Central Park West, New York 24, N. Y. b. Aug 20, 04, Denver, Colo. (F) BA 23, MA 25 Denver; PhD 34 Columbia. Asst. psych't, 33-34, Worcester St. Hosp; consult, 41-42, Foster Child Study; dir, 41-42, Yale Sch. Alcohol Studies; resch. asst, asst. prof. 43-46, Yale; chief clin. psych't, 46-47, N.Y. VA Br. Off; Guggenheim Fellow, 51-52; priv. resch, 47-. APA (member, 51-, Comm. Div. Finances). Div. offices: Clin. Abn (member, 46-47, Comm. Nominations; chmn, 47-49, Comm. Post-Doctoral Trng; assoc. secy, 48-49, secy-treas, 49-51). AAAS, Socy. Vertebrate Paleontology; EPA; N.Y. St. Psych. Assn; Metrop. (N.Y.) Assn. Appl. Psych. Personality and vocation, personality theory, projective techniques, interview techniques. Dipl-Clin. A(43); F(45) 12.

POST-DOCTORAL INSTITUTE

Applications for the Post-Doctoral Institute to be held August 26th through September 2nd. at Kent State University, Kent, Ohio, may still be received up to the middle of June. Persons who are interested in attending this Institute should send their application blanks (included in the last issue of the Newsletter) to: Dr. Goldie Ruth Kaback, Chairman, Committee on Post-Doctoral Institutes, College of the City of New York, 139th and Convent Avenue, New York 31, New York. The courses to be offered and their instructors are:

Group Psychotherapy and Dynamics - Dr. S. R. Slavson
Techniques and Methods in Clinical Research - Dr. Joseph Zubin
Contributions of Learning Theory to Psychopathology and Psychotherapy - Dr. E. J. Shoben, Jr.
Supervision in Integrative Psychotherapy - Dr. O. H. Mowrer
Present Day Problems in Psychological Therapy - Dr. Rollo May

LEGISLATIVE MATTERS

At the request of the Executive Committee, Dr. Albert Ellis, Chairman of the Divisional Committee on Private Practice, has prepared the following summary of a situation in New York State regarding the income tax deductibility of fees paid to psychologists.

Psychologists in New York State have recently been confronted with two important tax matters. They have, up until the present, been forced to pay an unincorporated business tax even though members of several professions, such as medicine, have been exempt from paying such a tax. And there has recently been a case in which a New York clinical psychologist whose psychotherapy patient deducted the cost of therapy on his

federal income tax statement as a regular medical expense was refused this deduction by the New York branch of the Department of Internal Revenue.

The New York State Joint Council on Legislation, which includes representatives from all psychological groups in the State, quickly took both these matters under consideration; and its legal committee, headed by Dr. Jesse Zizmor, has taken vigorous action in these connections. As a result of the action of the Joint Council and its legal committee, letters have recently been received by its tax consultant, Robert S. Holzman, which make it clear that New York State will henceforth consider psychologists as professional persons who are not subject to its unincorporated business tax and that the Treasury Department will hereafter consider fees paid to qualified psychologists as legitimate income tax deductions for "medical care." Copies of these letters, which constitute two important victories for practicing psychologists, follow:

"Reference is made to your letter of August 1, 1952, with further reference to your letters of June 4 and 19, 1952, and Bureau replies thereto dated June 10 and July 21, 1952, relative to the deductibility as medical expenses, for Federal income tax purposes, of fees paid to qualified psychologists.

"You state that you as an individual taxpayer desire to know whether the payments you might make to a qualified psychologist are deductible; and that the Joint Council of New York State Psychologists on Legislation has asked you to raise the question whether such fees are deductible under section 23(x) of the Internal Revenue Code.

"Section 23(x) of the Internal Revenue Code permits a deduction from gross income of expenses paid during the taxable year for medical care, and provides that the term "medical care", as used therein, shall include amounts paid for the diagnosis, cure, mitigation, treatment, or prevention of disease, or for the purpose of affecting any structure or function of the body (including amounts paid for accident or health insurance).

"It is the opinion of this office and it is so held that the definition of the term "medical care" as set forth in section 23(x) is sufficiently broad to include fees paid to qualified psychologists.

"Accordingly, the amounts paid for services rendered by qualified psychologists for the purposes indicated in section 23(x) of the Internal Revenue Code constitute expenses paid for "medical care" within the meaning of such section of the Code, and may be deducted in computing net income for Federal income tax purposes.

Very truly yours,
Norman A. Sugarman, Assistant Commissioner
Treasury Department, Washington, D. C."

"Your request for an opinion with respect to the taxability of associates of the American Psychological Association under Article 16-A of the Tax Law has been referred to me for reply.

"Article 16-A of the Tax Law imposes a tax upon the net income of any unincorporated business carried on within the State but excludes "the practice of law, medicine, dentistry, architecture which under existing law cannot be conducted under corporate structure, and any other case in which more than eighty per centum of the gross income is derived from the personal services actually rendered by the individual * * * in the practice of any other profession and in which capital is not a material income producing factor." (Section 386, Tax Law)

"In accordance with information submitted by you, it appears that the requirements for becoming an associate of the American Psychological Association are (1) a doctor's degree based in part upon a psychological dissertation; or (2) at least two full years of graduate work with psychology as a major; or (3) at least one full year of such graduate work plus one full year's experience in work that is psychological in nature.

"It is my opinion that an associate of the American Psychological Association who has gained knowledge through prolonged specialized study in one of the three methods above stated is practicing a profession within the meaning and intent of Article 16-A of the Tax Law and his income from such source would be exempt from the unincorporated business income tax providing more than eighty per centum of his gross income is derived from personal services actually rendered by him and providing capital is not a material income producing factor.

Very truly yours,
Mortimer M. Kassell,
Deputy Commissioner and Counsel
State of New York
Department of Taxation and Finance
Albany 1, New York"

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A suit against the Kentucky Board of Examiners of Psychologists, in which the constitutionality of the Kentucky licensing law was attacked, was decided in favor of the Board in March. The plaintiff, who had been denied a license, contended that the Board had been granted arbitrary and unconstitutional legislative power, since the law states that it "shall rate as to acceptability educational institutions which grant the degree of Doctor of Philosophy or its equivalent in psychology, or the Board may accept the ratings issued by accrediting bodies approved by it." The Board, it was claimed, had not been given sufficient guidance by the legislature in this matter, and the constitution forbids the transference of legislative power to any administrative board. This point is worth consideration by persons who are drafting legislation in other states. The plaintiff has until May 21 to appeal, but it seems that he will not do so.

PROFESSIONAL LIABILITY INSURANCE

From time to time the Newsletter of Division 12 has reported on the developing needs of psychologists for a form of insurance which would protect them against legal liabilities arising from their professional and research activities. Largely on the basis of these developments, the APA Board of Directors, at its March (1952) meeting, set up a special committee to study this problem. The Committee's first report was published in the AMERICAN PSYCHOLOGIST (November, 1952). Later the committee engaged the services of an attorney and insurance expert, Mr. John A. Appleman, who (a) had prepared a report of the feasibility of liability insurance for psychologists and (b) has drawn up an insurance policy designed specifically for members of this profession. Copies of the insurance policy may be obtained from the Secretary's Office: Dr. Ann Magaret, 5728 S. Ellis Avenue, Chicago 37, Ill.

Mr. Appleman and the members of this Committee would like to have suggestions concerning the proposed policy. It is our desire to keep the policy essentially simple,

yet it must cover all the common contingencies. Suggestions, questions and criticisms addressed to the chairman of the Committee will be gratefully received and considered. As soon as we are agreed on the kind of policy we want, negotiations will start with insurance companies.

APA COMMITTEE ON PROFESSIONAL LIABILITY INSURANCE

Rose G. Anderson
Irwin A. Berg
Albert Ellis
Harriet E. O'Shea
Wallace H. Wulfeck
O. Hobart Mowrer, Chairman

PROFESSIONAL LIABILITY OF PSYCHOLOGISTS

by

John Alan Appleman

Of necessity, it is confusing to persons not intimately acquainted with the trial of negligence, tort, and contract suits, to evaluate their impact upon their personal and professional lives, and also to attempt to determine the desirability of insuring against ordinary hazards which may arise from professional activities. One must realize that in everything he does he may perform some act which another considers damaging to him. One may drive an automobile and have an accident; he may swing lustily at a golf ball and slice it into the next fairway, striking another golfer or a caddy; a child's scooter may block the sidewalk at night, causing another to trip over it. These are ordinary hazards of living, against which insurance may be procured easily and at comparatively minor cost. This is because such hazards are common ones, with a wealth of actuarial experience to determine what the loss ration will be. Most of us carry insurance against hazards. The cautious man always does.

The problem of professional liability has not been as clearly defined, yet the hazards arising therefrom are of at least equal importance. I prefer the term "professional liability" to that of "malpractice." The latter has an unpleasant connotation, one which denotes improper practices upon the part of the professional man. Yet, liability may be asserted in many instances where there has been no malpractice, and it must be recognized that such claims are one of the hazards of conducting a profession, equally with the payment of salaries, utility bills, income taxes, and the like.

No man can undertake a professional relationship of any type with another without subjecting himself to such a hazard. The potential liability may arise in many ways. If a physician, for example, uses equipment of any type, there is the ever-present possibility of personal injury resulting to the patient. The use of sedatives, whether in a mild form or in deep narcosis, could easily produce a wholly unexpected result, where one encountered a patient with an idiosyncrasy to the drugs employed or with some systemic disorder which may cause an unfavorable reaction. The mere giving of consultations may be claimed to have produced damage to the patient, particularly if the advice given is distorted when related from the witness stand. It may be that a consultant desires to confer with others familiar with the patient in order to make an accurate diagnosis of the case, and it may well be claimed that such actions constitute an invasion of the right of privacy of such individual, or even that statements made by the consultant were slanderous in character.

It must be recognized that a psychologist frequently deals with persons having certain mental aberrations. Possible liabilities may occur where mental abnormalities exist which would be less likely in the instance of normal patient. To illustrate, a suit was brought against a physician for alleged negligence in failing to have a mental patient properly guarded, resulting in the patient jumping or falling from a window of a hospital. In that particular case, liability was denied, the court taking the position that negligence, if any, was that of the guard and not of the physician. At the present time, there is a case pending in the United States District Court against a psychiatrist attached to a State institution, claiming that electrical shock treatments were administered for the purpose of punishment and not for the purpose of cure. Claims may be presented which are fantastic in character, and may be grounded upon assault and battery, undue familiarity, or other acts which do not arise as frequently in the case of the medical practitioner.

If a psychologist follows orthodox practices, and is conservative in his procedures, it is true that the possibilities of judgments being rendered against him are not too great. Of course, even then, it must be recognized that even a careful man may err, and a resulting verdict could be substantial. No one can predict with accuracy what any jury will do. But, even if the defense of a case is successful, the professional man may emerge from his victory greatly impoverished.

Similar factors should be considered by psychiatrists in determining their hazards. Being more active in the treatment of private patients, and closer to the boundary line of medical practice, their exposure is greater than that of the average psychologist. Therefore, discussion of this subject may be considered equally appropriate to these allied professions.

In order to defend any lawsuit, whether well founded or not, it is necessary for a defendant to incur very considerable expense in attorney's fees, court costs, witness expenses, deposition fees, expert testimony, and other expenses which may run into enormous sums. If the case is not terminated in the trial court, the expenses of preparation of the record for appeal, printing costs, briefs, and appearance fees in the higher court, and legal fees, may run into thousands of dollars. A Pyrrhic victory is not much satisfaction to the victor.

In addition to these expenses, however, another element is of great importance. The professional man is not familiar with the defense of such cases. He may neglect to secure, by investigation or otherwise, the data necessary to ground a successful defense. If a suit is filed against him, his impulse is to take the summons immediately to his family attorney, who may be a splendid individual, but wholly unqualified as a specialist in the defense of such claims. His efforts, though well intended, could be unsuccessful in a case which would be won by an attorney specializing in the handling of such matters.

It is perhaps for this reason, more than any other, that the insurance against professional liability has become an industry of its own. Companies which engage in this industry for profit have a diversification of risk. The technical term is a "spread". Each individual in a group contributes a small amount against the potential hazard which may arise to him and to his fellow insureds. Even more important, since such companies deal with these claims in the regular course of business, they acquire great skill in their preparation and defense. They know the lawyers who are qualified to defend these cases most ably, and, from their vast experience in other cases, are able to lend help and guidance to these attorneys in preventing an adverse verdict.

The individual practitioner cannot afford to carry this risk himself. The hazard is too great, and his experience is too limited. Nor can a professional organization, such as the American Psychological Association, undertake to do so. It has no background of experience which would qualify it for this purpose. It would have to set up an allied organization and employ the same type of personnel as would an insurance company, resulting in no saving. In most states, in order to offer an insurance service, it would have to qualify as an insurance company with similar reserves, and be subject to the supervision of the various state insurance departments. If it decided, after several years of operation, to discontinue such activity, the member who has a claim then pending might find himself in the unfortunate situation of having no organization to carry on his battle.

Insurance, then, against professional liability, may be of definite benefit to the psychologist. Of course, there are limitations imposed upon the scope of such policies. It must be recognized that such insurance can only be afforded against "civil" liability. This refers to actions brought by a patient for damages allegedly resulting to him, or by others usually related to the patient seeking related or consequential damages. Insurance cannot be written against the hazard of being prosecuted by state authorities for conducting the practice of medicine without a license. It is considered against public policy to insure against such proceedings. That is an administrative matter which should be handled by the organization with the various state authorities in order to secure appropriate legislation and licensing laws.

It has been suggested that the existence of insurance might breed litigation. In practice, that is not the result. The psychologist does not frame his insurance policy and hang it upon the wall. The existence of insurance is known only to him and to the insuring organization. Indeed, the ordinary "shakedown" racket can seldom be worked successfully and will usually be dropped where a professional insurer stands ready, willing and able to defend a fraudulent suit to the last ditch. Where the individual psychologist might, because of his inexperience and timidity, tend to make a nuisance payment to such persons, the insurance company is in a position to secure complete data concerning the background of such individual and to join in battle with him.

It has also been suggested that no insurance company would be willing to undertake such a risk at any reasonable rate. At the request of your officers, I have made an investigation of this matter, and have secured specific information relating to this matter. It is possible to work out a contract with a qualified American company which will undertake these risks. In order to interest this company in going into this new field, it is necessary, of course, to secure a sufficient volume of business to give it an adequate "spread". I should say that it would require a minimum of fifteen percent of the membership in order to accomplish the desired objectives.

The ordinary forms of professional liability policies which are now issued are antiquated in their terminology and do not serve adequately the needs of a psychologist or psychiatrist who desires adequate protection. It is my conviction that an entirely new type of insurance contract should be drafted by joint conference between representatives of the organization and representatives of the proposed insurance company which will cover the hazards with a minimum of technicalities. There is no reason why such a contract cannot be streamlined and completely modern.

With reference to the amount of desired protection, many physicians now purchase a \$5,000 or \$10,000 limit policy. This is wholly inadequate. I strongly recommend that a minimum of \$25,000 protection be afforded by any such contract. As to the required premium, that

will necessarily vary according to the nature of the professional services performed by the insured. Probably it will be necessary to break his activities down into particular categories and charge a different rate for each category, depending upon the degree of exposure. Thus, a psychiatrist having an office with several assistants and nurses, and using a considerable amount of X-ray and other electrical equipment, would pay a higher premium than a psychologist employed by a University but handling occasional consultations. This is not only necessary from an insurance point of view, but is entirely equitable. While the psychologist referred to would still have potential legal liabilities, even if he charged no fees for such consultations, his exposure is far less than that of the active practitioner. Rates will also vary according to the locality and size of the community in which such person practices. However, in any event it is my belief that the insurance rates thus evolved will be definitely less in cost than rates presently quoted by the few organizations presently undertaking such risks.

As to the mechanics by which such an insurance program would be handled, it would be necessary for the American Psychological Association to set up, either within its own organization or as an allied entity, a screening committee which would eliminate in the first instance any persons known to be undesirable risks. This is not meant to be derogatory as to any member. It is merely a practical procedure which would have to be followed. This organization is intimately familiar with its own membership. The insurance company is not. To avoid a grossly unfavorable experience, which would require a substantial increase of the rates of all members, an orthodox protective mechanism of this type would be indispensable.

It is suggested that the American Psychological Association should have nothing to do with the insurance program itself. Any other decision would lead to complications and to a considerable increase in the overhead cost of the organization. It would, however, send along the application forms, announcements, and descriptive literature of the plan to its members with its regular mailings to the members. Then, when a sufficient number of members had determined to proceed with the plan, it would become effective. Premium notices would be sent directly by the company or by the brokerage unit entrusted with its administration. Supplemental literature could be distributed by the organization from time to time in an effort to secure as nearly as possible a complete enrollment in the plan, so as to reduce the premium costs to all members.

There would be a certain amount of annual legal expense incident to the administration of such a plan. It is my feeling that such an expense is an overhead item, similar to brokerage and clerical expense, which should be absorbed by the brokerage agency as an item of its overhead, and not by the American Psychological Association. This would be one of the points upon which bargaining could be conducted.

In view of the foregoing matters, I have submitted the following recommendations to your officers: (1) that a program of professional liability insurance is definitely desirable; (2) that the American Psychological Association is not equipped to undertake such an insurance program as a self-insurer, or as a group insurer; (3) that such insurance should be undertaken through the medium of an existing casualty insurance company; (4) that none of the existing policies or existing plans meet with my approval, and that a new policy be designed to meet the existing needs of the members of this organization; (5) that prevailing insurance rates for such coverage are excessive, and that by cooperation of the members of this organization a more satisfactory rate schedule can be established; (6) that the American Psychological Association and its members coordinate their activities in this regard, through the officers of the organization, to evolve a plan best meeting the needs of the members at a minimum of expense.

ANNOUNCEMENT

The Postgraduate Center for Psychotherapy of New York announces post-doctoral training opportunities in psychotherapy. The program is designed to train psychiatrists, clinical psychologists and psychiatric caseworkers to function within the framework of a medical setting. Clinical facilities are provided by the Clinic of the center which is licensed by the New York State Department of Mental Hygiene.

The orientation of the methods taught is grounded in psychoanalytic theory. The psychotherapeutic techniques are derived from the fields of psychoanalysis, psychobiology, psychiatric interviewing, casework and psychological counseling.

Prerequisites for clinical psychologists are a doctor of philosophy degree and two years' clinical experience under adequate supervision. Clinical psychologists are accepted only on a full-time basis with stipends of \$3,600 the first year, and \$4,000 for the second and third years. Scholarships are given to accepted psychologists to pay for all didactic courses, clinical seminars and supervision. For further information and applications write to Dr. Theodora M. Abel, Director of Psychology, Postgraduate Center for Psychotherapy, 218 East 70th Street, New York 21, New York.

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The C. G. Jung Institute for Analytical Psychology in Zurich["] announces its summer program of studies (April 20, 1953 to July 5) and its schedule for the winter semester (End of October 1953 to End of February 1954). The titles of projected courses may be obtained from the office of the Division Secretary. Full information concerning the program of the Institute is available from the Secretariat, C. G. Jung Institute, Gemeindestr. 27, Zurich 32.

